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RULE				

## APPLICANTS

Toshimitsu Ichiyanagi, Sunto-gun, JAPAN;

\*\* CONTINUING DATA \*\*\*\*\* *none J.H.*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none J.H.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

04/26/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	JAPAN	6	12	3
Verified and Acknowledged	Examiner's Signature <i>J.H.</i> Initials				

## ADDRESS

22428

## TITLE

Multi functional peripheral

FILING FEE RECEIVED 1100	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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